County: Laurens

Facility Type: Adult Day Care

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date SENIOR OPTIONS ADULT DAY HEALTH CARE Laurens / Corporation 30 512 PROFESSIONAL PARK RD 512 PROFESSIONAL PARK RD CLINTON, SC 29325-7627 FAC.#:864-938-0572 CLINTON, SC 29325-7627 SENIOR OPTIONS INC ROBINSON, JACQUELINE G PH#: 864-938-0572

Facility Email: Not on File ADC-0093 / 02/28/2014

Number of Participants: 30

Totals For Facility/License Type: Adult	Day Care			
Number of Activities/Facilities licensed:	1	Number Licensed	Units:	30

Number of Activities/Facilities licensed: 1

County: Laurens Facility Type: Ambulatory Surgery Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date SURGERY AND LASER CENTER AT PROFESSIONAL PARK Laurens / Ltd. Liability 3 136 PROFESSIONAL PARK RD 136 PROFESSIONAL PARK RD CLINTON, SC 29325-7623 FAC.#:864-938-9836 CLINTON, SC 29325-7623 SURGERY AND LASER CENTER AT PROFESSIONAL PARK LLC LUTZ RN, CAREY A PH#: 864-938-9836 Facility Email: CAREYANNRN@GMAIL.COM ASF-0103 / 11/30/2014 Operating Rooms: 2 Procedure Rooms: 1 Endoscopy Rooms: 0 Totals For Facility/License Type: Ambulatory Surgery

2

Number Licensed Units:

__3

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date
AGAPE ASSISTED LIVING OF LAURENS	Laurens / Corporation 100
420 W FARLEY AVE	420 W FARLEY AVE
LAURENS, SC 29360-3039 FAC.#:864-984-	9844 LAURENS, SC 29360-3039
MIMS, LYNN PH#:	AGAPE ASSISTED LIVING OF LAURENS INC
Facility Email: BBURNS@AGAPESENIOR.COM	CRC-1439 / 01/31/2014
Alzheimer Care:Yes Max # Resident	:40 Alzheimer Unit: No Max # Beds: 0
Certifications:None	
BAILEY MANOR	Laurens / Non-Profit Corporation 30
300 JACOBS HWY	300 JACOBS HWY
CLINTON, SC 29325-9401 FAC.#:864-833-	3425 CLINTON, SC 29325-9401
STANLEY, RITA G PH#: 864-833-3425	CAROLINA CHRISTIAN MINISTRIES INC
Facility Email: R.STANLEY@BAILEYMANOR.ORG	CRC-0732 / 08/31/2014
Alzheimer Care:Yes Max # Resident	:8 Alzheimer Unit: No Max # Beds: 0
Certifications:None	
DAVIDSON STREET COMMUNITY RESIDENCE	Laurens / Non-Profit Corporation
313 DAVIDSON ST	
CLINTON, SC 29325-2023 FAC.#:864-833-	7284
MERCER, PHYLLIS D PH#: 864-984-3506	LAURENS COUNTY DISABILITIES AND SPECIAL NEEDS BOAR
Facility Email: DMERCER@LCDSNB.ORG	CRC-1420 / 12/31/2013
Alzheimer Care:No Max # Resident	
initial carolito	:0 Alzheimer Unit: No Max # Beds: 0
Certifications:None	
Certifications:None LAFORREST COMMUNITY CARE CENTER	Laurens / Corporation 34
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127	Laurens / Corporation 34
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127	Laurens / Corporation 34 PO BOX 27 BO01 LAURENS, SC 29360-0027
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984-	Laurens / Corporation 34
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001	Laurens / Corporation 34 PO BOX 27 BO01 LAURENS, SC 29360-0027
Certifications:None LAFORREST COMMUNITY CARE CENTER	Laurens / Corporation 34 PO BOX 27 8001 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File	Laurens / Corporation 34 PO BOX 27 8001 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File Alzheimer Care:No Max # Resident Certifications:None	Laurens / Corporation 34 PO BOX 27 8001 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0 Laurens / Corporation 44
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File Alzheimer Care:No Max # Resident Certifications:None LANGSTON HOUSE 939 SPRINGDALE DR	Laurens / Corporation 34 PO BOX 27 8001 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0 Laurens / Corporation 44 W140N8981 LILLY RD
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File Alzheimer Care:No Max # Resident Certifications:None LANGSTON HOUSE 939 SPRINGDALE DR	Laurens / Corporation 34 PO BOX 27 8001 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0 Laurens / Corporation 44 W140N8981 LILLY RD
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File Alzheimer Care:No Max # Resident Certifications:None LANGSTON HOUSE 939 SPRINGDALE DR CLINTON, SC 29325-7266 FAC.#:864-833-	Laurens / Corporation 34 PO BOX 27 8001 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0 Laurens / Corporation 44 W140N8981 LILLY RD
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File Alzheimer Care:No Max # Resident Certifications:None LANGSTON HOUSE 939 SPRINGDALE DR CLINTON, SC 29325-7266 FAC.#:864-833- MORGAN, MARY A PH#: 864-833-0386	Laurens / Corporation PO BOX 27 BO01 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0 Laurens / Corporation W140N8981 LILLY RD MENOMONEE FALLS, WI 53051-2325
Certifications:None LAFORREST COMMUNITY CARE CENTER 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984- MCDANIEL, SHEILA L PH#: 864-984-8001 Facility Email: Not on File Alzheimer Care:No Max # Resident Certifications:None LANGSTON HOUSE	Laurens / Corporation PO BOX 27 LAURENS, SC 29360-0027 LAFORREST COMMUNITY CARE CENTER INC CRC-0681 / 05/31/2014 :0 Alzheimer Unit: No Max # Beds: 0 Laurens / Corporation W140N8981 LILLY RD MENOMONEE FALLS, WI 53051-2325 CYPRESS AID OPCO LLC CRC-1408 / 07/31/2014

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address License Licensee Units License Nbr/Expiration Date	
LAURENS MEMORIAL HOME FOR AGED	Laurens / Non-Profit Corporation	
3744 TORRINGTON RD	PO BOX 638	
LAURENS, SC 29360-0638 FAC.#:864-682-2322	LAURENS, SC 29360-0638	
PENLAND, CAROLYN B PH#: 864-682-2322	LAURENS MEMORIAL HOME FOR AGED INC	
Facility Email: CPENLAND@PRTCNET.COM	CRC-0316 / 12/31/2013	
Alzheimer Care:Yes Max # Resident:2	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY (CRCF)	Laurens / Non-Profit Corporation	
1 MARTHA FRANKS DR	1 MARTHA FRANKS DR	
LAURENS, SC 29360-1799 FAC.#:864-984-4541	LAURENS, SC 29360-1799	
KILPATRICK, LYNN D PH#: 864-984-4541 SOUTH CAROLINA BAPTIST MINISTRIES		
Facility Email: DHAIR@SCBMA.COM	CRC-0360 / 02/28/2014	
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MILL STREET COMMUNITY RESIDENCE	Laurens / Non-Profit Corporation	
415 MILL ST	PO BOX 986	
LAURENS, SC 29360-1905 FAC.#:864-984-3506	LAURENS, SC 29360-0986	
MERCER, PHYLLIS D PH#: 864-984-3506	LAURENS COUNTY DISABILITIES AND SPECIAL NEEDS BOA	
Facility Email: DMERCER@LCDSND.ORG	CRC-1419 / 12/31/2013	
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
PRESBYTERIAN HOME OF SOUTH CAROLINA-CLINTON (CRCF)	Laurens / Non-Profit Corporation	
801 MUSGROVE ST	2817 ASHLAND RD	
CLINTON, SC 29325-1796 FAC.#:864-833-5190	COLUMBIA, SC 29210-5009	
HAIR, BRANDON T PH#: 864-859-4684	PRESBYTERIAN HOME OF SOUTH CAROLINA	
Facility Email: ASNIDER@PRESHOMESC.ORG	CRC-0014 / 04/30/2014	
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	

Number of Activities/Facilities licensed: 9 Number Licensed Units: 437

County: Laurens

Facility Type: Habilitation R15

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date CLINTON MANOR COMMUNITY RESIDENCE Laurens / State 101 CLINTON MANOR DR PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS CLINTON, SC 29325 FAC.#:864-682-2314 COLUMBIA, SC 29240-4706 BATAC, DYANN PH#: SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: JTAVENNER@LCDSNB.ORG MR15-0194 / 06/30/2014 OAK GROVE COMMUNITY RESIDENCE 8 Laurens / State 3552 TORRINGTON RD PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS LAURENS, SC 29360-7743 FAC.#:864-682-2314 COLUMBIA, SC 29240-4706 BATAC, DYANN PH#: SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: JTAVENNER@LCDSNB.ORG MR15-0027 / 07/31/2014 SULLIVAN STREET COMMUNITY RESIDENCE Laurens / State 503 SULLIVAN ST PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS LAURENS, SC 29360-3449 FAC. #:864-682-2314 COLUMBIA, SC 29240-4706 BRYANT, CARMELITA PH#: 864-682-2314 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: JTAVENNER@LCDSNB.ORG MR15-0221 / 06/30/2014

Totals For Facility/License Type: Habili	itation R15		
Number of Activities/Facilities licensed:	3	Number Licensed Units:	24

County: Laurens

Facility Type: Habilitation R16

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensee

Units

License Nbr/Expiration Date

WHITTEN CENTER-CAMPUS 101 102 103 104 105 106 107 108 Laurens / State
AND 110

AND 110

28373 HWY 76 E

COLUMBIA, SC 29240-4706

CLINTON, SC 29325-5328 FAC.#:864-938-3422 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

GILLIAM, MARY C PH#:

MR16-0164 / 08/31/2014

Facility Email: RDAVIS@DDSN.SC.GOV

WHITTEN CENTER-CENTRAL SQUARE UNITS 201 204 205 207 Laurens / State
AND 209

AND 209
PO BOX 4706, DDSN-DAVID GOODELL
28373 HWY 76 E

CLINTON, SC 29325-5328 FAC.#:864-938-3422 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

COLUMBIA, SC 29240-4706

SMITH, BETH PH#: 864-938-3422

Facility Email: RDAVIS@DDSN.SC.GOV

MR16-0411 / 08/31/2014

Totals For Facility/License Type: <u>Habilitation R16</u>

Number of Activities/Facilities licensed: 2 Number Licensed Units: 295

6

152

Facility Type: Home Health

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date

AMEDISYS HOME HEALTH OF CLINTON Laurens / Corporation

210 PHYSICIANS PARK DR STE U 210 PHYSICIANS PARK DR STE U

CLINTON, SC 29325-7565 FAC.#:864-833-3212 CLINTON, SC 29325-7565

AMEDISYS HOME HEALTH INC OF SOUTH CAROLINA OWENS, ETHEL PH#: 864-833-3212

Facility Email: 2204@AMEDISYS.COM HHA-0186 / 01/31/2014

Counties Served: Abbeville, Greenville, Greenwood, Laurens

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

NHC HOMECARE-LAURENS Laurens / Limited Liability Limited

Bartnership 700 PLAZA CIR STE O

CLINTON, SC 29325-7556 FAC.#:864-833-2368 LAURENS, SC 29360-0309

NHC/OP LP MITCHELL, JENNY V PH#: 864-833-2368

Facility Email: NHC@NHCHOMECARELAURENS HHA-0183 / 06/30/2014

Counties Served: Anderson, Greenville, Laurens, Pickens, Spartanburg

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other: DIETARY CONSULTATION

Totals For Facility/License Type: Home Health Number of Activities/Facilities licensed: 2 Number Licensed Units:

7

County: Laurens

Facility Type: Hospice Facility

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HOSPICE OF LAURENS COUNTY-HOSPICE HOUSE Laurens / Non-Profit Corporation 12 1304 SPRINGDALE DR 1304 SPRINGDALE DR CLINTON, SC 29325-7226 FAC.#:864-833-6287 CLINTON, SC 29325-7226 HOSPICE OF LAURENS COUNTY INC GAULT, LINDA L PH#: 864-833-6287 Facility Email: LGAULT@HOSPICEOFLAURENSCOUNTY.COM HPF-0014 / 10/31/2014

Totals For Facility/License Type: Hospice Facility		
Number of Activities/Facilities licensed: 1 Number Licensed Units:	12	

County: Laurens

Facility Type: Hospice Program

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HOSPICE OF LAURENS COUNTY Laurens / Non-Profit Corporation 6 1304 SPRINGDALE DR PO BOX 178 CLINTON, SC 29325-7226 FAC.#:864-833-6287 CLINTON, SC 29325-0178 HOSPICE OF LAURENS COUNTY INC GAULT, LINDA L PH#: 864-833-6287 Facility Email: LGAULT@HOSPICEOFLAURENSCOUNTY.COM HPC-0025 / 09/30/2014 Counties Served: Greenville, Greenwood, Laurens, Newberry, Spartanburg, Union

Totals For Facility/License Type: Hospice Program		
Number of Activities/Facilities licensed: 1	Number Licensed Units:	6

County: Laurens

Facility Type: Hospital or Institutional General Infirmary

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

GHS LAURENS COUNTY MEMORIAL HOSPITAL Laurens / District 76

22725 HWY 76 E

CLINTON, SC 29325-7527 FAC.#:864-833-9100

D'ALBERTO, RICHARD E PH#: 864-833-9100 GREENVILLE HEALTH SYSTEM

Facility Email: STHOMPSON@LCHCS.ORG HTL-0531 / 06/30/2014

Licensed Beds: General: 76 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications:Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units 76

Facility Type: Nursing Home

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

GHS LAURENS COUNTY MEMORIAL HOSPITAL SUBACUTE UNIT Laurens / District 14

22725 HWY 76 E

CLINTON, SC 29325-7527 FAC.#:864-938-2843

HALL, DENIECE D PH#: GREENVILLE HEALTH SYSTEM

Facility Email: DHALL@LCHCS.ORG NCF-0786 / 06/30/2014

Licensed Beds: Nursing Home: 14 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY Laurens / Non-Profit Corporation 88

1 MARTHA FRANKS DR 1 MARTHA FRANKS DR

LAURENS, SC 29360-1799 FAC.#:864-984-4541 LAURENS, SC 29360-1799

TURNER III, THOMAS P PH#: 864-675-0220 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC

Facility Email: TTURNER@SCBMA.COM NCF-0435 / 03/31/2014

Licensed Beds: Nursing Home: 81 Institutional Nursing Home: 7

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

NHC HEALTHCARE CLINTON Laurens / Ltd. Liability 131

304 JACOBS HWY PO BOX 727

CLINTON, SC 29325-7279 FAC.#:864-833-2550 CLINTON, SC 29325-0727 HOLDER, CHARLES E PH#: 000-000-0000 NHC HEALTHCARE/CLINTON LLC

Facility Email: CHOLDER8369@YAHOO.COM NCF-0804 / 06/30/2014

Licensed Beds: Nursing Home: 131 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE LAURENS Laurens / Ltd. Liability 176

379 PINEHAVEN ST EXT PO BOX 1259

LAURENS, SC 29360-2672 FAC.#:864-984-6584 LAURENS, SC 29360-1259
SHEARER, RICKIE L PH#: 864-984-6584 NHC HEALTHCARE/LAURENS LLC
Facility Email: RSHEARER@NHCLAURENS.COM NCF-0326 / 06/30/2014

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Laurens

Facility Type: Nursing Home

Facility Name County/Ownership Type
Location Street Mailing/Billing Address
Location City, State Licensee
Administrator/Phone License Nbr/Expiration Date

Licensed Units

66

PRESBYTERIAN HOME OF SOUTH CAROLINA-CLINTON

801 MUSGROVE ST CLINTON, SC 29325-1796 FAC.#:864-833-5190

HAIR, BRANDON T PH#: 864-859-4684

Facility Email: JMEDLIN@PRESHOMESC.ORG

Laurens / Non-Profit Corporation

801 MUSGROVE ST

CLINTON, SC 29325-1796

PRESBYTERIAN HOME OF SOUTH CAROLINA

NCF-0366 / 04/30/2014

Licensed Beds: Nursing Home: 18 Institutional Nursing Home: 48

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: _____5 Number Licensed Units: ____475

County: Laurens

Facility Type: PSAD Outpatient

Facility Name
Location Street
Location City, State
Administrator/Phone

County/Ownership Type Mailing/Billing Address Licensee

Licensed Units

1

License Nbr/Expiration Date

GATEWAY COUNSELING CENTER

219 HUMAN SERVICES RD

CLINTON, SC 29325-7548 FAC.#:864-833-6500 NELSON, LELAND J PH#: 864-833-6500

NELSON, LELAND 0 PH#: 864-833-6500

Facility Email: LNELSON@GATEWAYCOUNSELING.ORG

Laurens / County 219 HUMAN SERVICES RD

CLINTON, SC 29325-7548

LAURENS COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE

OTP-0035 / 10/31/2014

Certifications:None

Totals For	Facility/License	Type: PSAD	Outpatient

Number of Activities/Facilities licensed: _____1 Number Licensed Units: ____1

Facility Type: Renal Dialysis

Facility Name
Location Street
Location City, State
Administrator/Phone

Licensee
License Nbr/Expiration Date

Licensed Units

11

Administrator/Phone License NDT/Expirat

298 CHAPMAN RD

FOUNTAIN INN DIALYSIS

FOUNTAIN INN, SC 29644-6129 FAC.#:864-862-2273

CLINTON, SC 29325-7625 FAC.#:864-833-0717

ROBINSON, BRENDA A PH#: 864-862-2273

POWELL, JEANNIE D PH#: 864-833-0717

Facility Email: Not on File

317 PROFESSIONAL PARK RD

Laurens / Corporation

County/Ownership Type

Mailing/Billing Address

5200 VIRGINIA WAY STE 400, LICENSING AND

CERTIFICATION

BRENTWOOD, TN 37027-7569

TOTAL RENAL CARE INC

ERD-0177 / 04/30/2014

Licensed Stations: Hemodialysis: 11 Peritoneal: 0

PALMETTO DIALYSIS Laurens / Corporation 21

5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION

BRENTWOOD, TN 37027-7569

TOTAL RENAL CARE INC

Facility Email: Not on File ERD-0126 / 04/30/2014

Licensed Stations: Hemodialysis: 21 Peritoneal:

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: ______2 Number Licensed Units: _____32

Facility Type: Tattoo Facility

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date INKWORKS TATTOO Laurens / Sole Proprietorship 2283 S MAIN ST 102 OAKLAND WAY FOUNTAIN INN, SC 29644-6832 FAC.#:864-862-5552 FOUNTAIN INN, SC 29644-1932 SIERPUTOWSKI, PHILLIP J PH#: 864-862-5552 SIERPUTOWSKI, PHILLIP J Facility Email: INKWORKSTATTOO@BELLSOUTH.NET TF-0056 / 09/30/2014

Totals For Facility/License Type: Tattoo Facility Number of Activities/Facilities licensed: _____1 Number Licensed Units

Number of Activities/Facilities licensed in county of # Lics: Laurens 30 Number Licensed Units : 1,404

Report Totals

Total Number of Activities/Facilities licensed _____30 Total Number Licensed Units: 1,404